

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037907  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

9577

FILED OCT 4 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St Louis*

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo*

b. COUNTY

c. CITY OR TOWN *St Louis*

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *St Louis*

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS *5133 Cate*

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First *Sallie*

Middle

Last *Owens*

4. DATE OF DEATH

Month *Apr* Day *22* Year *1963*

5. SEX *Female*

6. COLOR OR RACE *Negro*

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday) *63*

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) *Illinois*

12. CITIZEN OF WHAT COUNTRY *US*

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME *Reveron Irene Jones*

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) *No*

16. SOCIAL SECURITY NO. *220*

17. INFORMANT

Address *702 E. Parkway Centralia Ill*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Atherosclerotic Heart Disease*

DUE TO (b)

*Generalized Atherosclerosis*

DUE TO (c)

*420.0*

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ *445 A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or Title) *Joseph M. Gurnea*

22b. ADDRESS

*1300 Clark Ave*

22c. DATE SIGNED

*9-25-63*

23a. BURIAL, CREATION, REMOVAL (Specify)

23b. DATE

*27 Sept 63*

23c. NAME OF CEMETERY OR CREMATORY *Oakdale*

23d. LOCATION (City, town, or county)

(State)

*St Louis Mo*

24. FUNERAL DIRECTOR

ADDRESS *1389 Union*

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

*Loat Smith. M.D.*

(Licensed Embalmer's Statement on Reverse Side)

USE-BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 *2 12 5*

3

4 *3*

5 *2*

6

7 *1*

8 *2*

9

10

11

12 *92-0*

13

*91*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Thigatt

Licensed Embalmer No. 4441

P. O. Address 1389 Union

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.